



Program Name: _____

Program Location: _____

One form per site

PARTICIPANT HEALTH AND INFORMATION FORM

You must fill out both sides of this form and bring it with you on the first day of the program.

General Information: (Please Print)

Participant Name _____ Grade entering in fall _____ Birth Date _____

Parent/Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Dismissal / Emergency Contact Information:

Person (other than parent) authorized to drop off / pick up participant and may be contacted in case of an emergency:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Is the participant attending an extended day program? ☐ No ☐ Yes *If yes, please list:* _____

Are there any custody issues we should be aware of? ☐ No ☐ Yes *(If yes, attach copy of court order)*

Please indicate your child's swimming ability:

_____ Non Swimmer _____ Beginner _____ Intermediate _____ Advanced

Sunscreen and insect repellent are considered topical medications:

It is recommended that parent/guardian apply these products to their child prior to arriving at the program. Staff can assist the child during the day if the signature line, date and appropriate boxes are checked below.

Signature: _____ Date: _____ ☐ Camper can apply ☐ Permission for staff to apply
(Note: Parent/Guardian must supply the product, clearly labeled with their child's first and last name on the bottle.)

Medication:

Is the participant taking any medication? ☐ No ☐ Yes *If yes, please list:* _____

Will the participant need to take medication during program hours? ☐ No ☐ Yes

If yes, you will need to complete a medication authorization form (visit www.rockvillemd.gov/campforms to download the form)

PARTICIPANT NAME: _____ **PROGRAM:** _____ **LOCATION:** _____

Health issues and modifications (if more space is needed, check here ☐ and include an attachment):

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?

☐ No ☐ Yes (If yes, please explain) _____

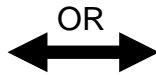
Are there any medication, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? ☐ No ☐ Yes (If yes, please explain) _____

Information required by state regulations:

Participant's Primary Physician _____ Physician's Phone _____

Date of Last Tetanus Shot ____/____/____ (if you are not sure of the date write "unknown" here) _____

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is this child exempt from any immunizations?

☐ No ☐ Yes If yes, please list: _____

1. Country in which child resides:

2. Attach [Department form DHMH-896](#)
(record of vaccination or immunity)

AGREEMENT TO PARTICIPATE

I understand:

1. That there are inherent dangers involved in participation in program activities.
2. That I am aware of the risks and hazards related to this activity.
3. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.
4. The City reserves the right to use photographs or videos taken of the program that may include the participant.

I agree:

1. To obey the rules and regulations for this activity and to follow the directions of the staff.
2. To inform a staff member of any dangerous or potentially hazardous situation I have observed.
3. That if I do not understand how an activity is performed or how a piece of equipment is to be used I will ask a staff member prior to beginning the activity.
4. To inform a staff member if I have any problem meeting the physical requirements necessary for participation in this activity.

Signature of Participant (8 years and older must sign)

Date

Parent/Guardian: By my signature below, I hereby certify that I have reviewed the above "Agreement to Participate" with my child and that he/she understands his/her responsibilities as a participant.

Signature of Parent/Guardian

Date

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at the program to have you or your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____